

[Print in black ink to fill in spaces next to the instructions]SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

In the Matter of the Application of

BART J TARULLI

Index Number

101540-18

[fill in name(s)]

Petitioner(s)

- against -

VERIFIED PETITION

FILED

OCT 19 2018

[fill in name(s)]

Respondent(s)

NEW YORK COUNTY
COUNTY CLERK

TO THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NEW YORK:

The petition of

BART J TARULLI

[your name] respectfully

shows to this Court as follows:

1. Petitioner resides at

2 Bay Club Drive, BaysideNew York 11360

[your address]

2. The respondent(s) is/are [Identify the respondent(s)]

Ameriprise Financial Services, Inc

3. [Describe what you are requesting. Add more pages if needed. If you are appealing the decision of a government agency, give the date and outcome of the final determination. Explain why this Court should reverse that decision.]

TOTAL REVERSAL OF DECISION BY FIRRABOTH COMPENSATORY + PUNITIVEComplainant has organized a BOOKLETLISTING ALL INFRACTIONS TOWARD CHAIRMANAND SHOWING EVIDENCE, AND EVIDENCEIN OVERWHELMING CONTEXT.

WHEREFORE, your deponent respectfully requests that this Court [briefly describe what you are requesting]:

Reve UNLATE AWARD By
FINRA AND AWARD CLAIMANT BOTH
Compensatory + Punitive Damages

_____, 200____
[date signed]

Bart J. Tarulli
Petitioner [sign your name]

BART TARULLI
[print your name]

2 Bay Club Drive
APT 9B
Bay Side NJ 11300
[your address and telephone no.]

917-744-9798

VERIFICATION

STATE OF NEW YORK

COUNTY OF Queens : ss:

BART TARULLI [your name], being duly sworn,

deposes and says that: I am the petitioner in this proceeding; I have read the foregoing petition and know the contents thereof; the same is true to my own knowledge, except as to matters therein stated to be alleged on information and belief; and as to those matters I believe it to be true.

Sworn to before me on

12 day February, 20019

[Signature]
Notary Public

Bart J. Tarulli
Petitioner [sign your name in front of a Notary]
BART TARULLI
[print your name]

Craig Ian Gardy
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02GA5040751
Qualified in Suffolk County
Commission Expires March 20, 2023

[Print in **black** ink all answers in bold letters.]SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

In the Matter of the Application of _____x

BART J TARULLI

Index Number

101540-18

[fill in name(s)]

Petitioner(s)

NOTICE OF PETITION

- against -

AMERIPRIE Financial Services Inc.

NEW YORK COUNTY CLERK

[fill in name(s)]

Respondent(s)

OCT 19 2018

FILED

PLEASE TAKE NOTICE that upon the verified petition(s) of

BART J TARULLI, [your name(s)], sworn to on _____, 200

[date Verified Petition notarized], and the attached exhibits, petitioner(s) will request this Court, at 9:30 AM on the 20 day of November, 20018, [return date] at the Courthouse, at 60 Centre Street, New York, N. Y., in the Motion Support Courtroom, Room 130, for a judgment, pursuant to the Civil Practice Law and Rules (CPLR), granting the following relief to the petitioner(s): [briefly describe what you are asking the Court to do] TOTAL REVERSAL OF JURY AWARD, relative to COMPENSATORY and PUNITIVE DAMAGES. AS A CIVIL MATTER, PREPONDERANCE OF EVIDENCE PREVAIL, and CLAIMANT HAS TOTAL OF over 100 TO 1 EVIDENCE IN MY FAVOR

and for such other and further relief as this Court may deem just and proper.

Dated: 10/18/18, 200

[date signed]

FILED

OCT 19 2018

NEW YORK COUNTY

To: Respondent(s) COUNTY CLERK

Sydney H. Crowder5223 Ameripris Financial CenterMinneapolis MN 55474612-671-7120

[name, address, telephone number]

Respectfully submitted,

BART TARULLI2 Bay Club DrAPT 9R, Bay SideBay Side, N.Y. 11360

Petitioner(s)

[your name, address, telephone number]

(917)-747-9798

REQUEST FOR JUDICIAL INTERVENTION

Case 1:19-cv-02039 Document 1-1 Filed 03/05/19 Page 4 of 13

Supreme COURT, COUNTY OF

Index No: 101540-18 Date Index Issued: Oct 19 2018

CAPTION

For all Matrimonial actions, complete and attach the MATRIMONIAL RJI Addendum. For all Commercial actions, complete and attach the COMMERCIAL DIV RJI Addendum. For all Real Property actions, complete and attach the REAL PROPERTY RJI Addendum. For all Special Proceedings, complete and attach the SPECIAL PROCEEDINGS RJI Addendum.

X

BART J. TRULLI

PETITIONER (S)

Plaintiff(s)/Petitioner(s)

-against-

X

AMERIPRISE FINANCIAL INC

RESPONDENTS (S)

Defendant(s)/Respondent(s)

MATRIMONIAL

- ☐ Contested
☐ Uncontested

NOTE: For all Matrimonial actions where the parties have children under the age of 18, complete and attach the MATRIMONIAL RJI Addendum.

- ☐ Asbestos
☐ Breast Implant
☐ Environmental: _____ (specify)

- ☐ Medical, Dental, or Podiatric Malpractice
☐ Motor Vehicle
☐ Products Liability: _____ (specify)

- ☐ Other Negligence: _____ (specify)

- ☐ Other Professional Malpractice: _____ (specify)

- ☐ Other Tort: _____ (specify)

COMMERCIAL

- ☒ Business Entity (including corporations, partnerships, LLCs, etc.)
☐ Contract
☐ Insurance (where insurer is a party, except arbitration)
☐ UCC (including sales, negotiable instruments)
☐ Other Commercial: _____ (specify)

NOTE: For Commercial Division assignment requests [22 NYCRR § 202.70(d)], complete and attach the COMMERCIAL DIV RJI Addendum.

REAL PROPERTY

- ☐ Condemnation
☐ Foreclosure

Property Address: _____

Street Address City State Zip

NOTE: For Foreclosure actions involving a one- to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the FORECLOSURE RJI Addendum:

- ☐ Tax Certiorari - Section: _____ Block: _____ Lot: _____
☐ Other Real Property: _____ (specify)

OTHER MATTERS

- ☐ Certificate of Incorporation/Dissolution [see NOTE under Commercial]
☐ Emergency Medical Treatment
☐ Habeas Corpus
☐ Local Court Appeal
☐ Mechanic's Lien
☐ Name Change
☐ Pistol Permit Revocation Hearing
☐ Sale or Finance of Religious/Not-for-Profit Property
☒ Other: MOTION TO VACATE (specify)

SPECIAL PROCEEDINGS

- ☐ CPLR Article 75 (Arbitration) [see NOTE under Commercial]
☒ CPLR Article 78 (Body or Officer)
☐ Election Law
☐ MHL Article 9.60 (Kendra's Law)
☐ MHL Article 10 (Sex Offender Confinement-Initial)
☐ MHL Article 10 (Sex Offender Confinement-Review)
☐ MHL Article 81 (Guardianship)
☐ Other Mental Hygiene: _____ (specify)
☐ Other Special Proceeding: _____ (specify)

STATUS OF ACTION OR PROCEEDING

Answer YES or NO to EVERY question. If NO, enter additional information where indicated.

YES NO

Has a summons and complaint or summons w/notice been filed?

☐ ☒ If yes, date filed: _____

Is this action/proceeding being filed post-judgment?

☒ ☐ If yes, judgment date: _____

- ☐ Infant's Compromise.
☐ Note of Issue and/or Certificate of Readiness
☐ Notice of Medical, Dental, or Podiatric Malpractice Date Issue Joined: _____
☒ Notice of Motion Relief Sought: Compensation, punitive Return Date: _____
☐ Notice of Petition Relief Sought: _____ Return Date: _____
☐ Order to Show Cause Relief Sought: _____ Return Date: _____
☐ Other Ex Parte Application Relief Sought: _____
☐ Poor Person Application
☐ Request for Preliminary Conference
☐ Residential Mortgage Foreclosure Settlement Conference
☐ Writ of Habeas Corpus
☒ Other (specify): Motion To Vacate

RELATED CASES				
Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case

PARTIES				
Case No.	Plaintiff	Defendant	Attorney	Relationship to Instant Case
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	X <u>Tarulli</u> Last Name <u>Bart</u> First Name <u>2 Barclay Dr, Apt 9R</u> Firm Name Street Address City State Zip <u>Bay Side</u> Phone Fax <u>CORONADO</u> e-mail <u>917-747-9798</u>	<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input type="radio"/> NO	

I AFFIRM UNDER THE PENALTY OF PERJURY THAT, TO MY KNOWLEDGE, OTHER THAN AS NOTED ABOVE, THERE ARE AND HAVE BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING.

Dated: X 2/12/19

X Bart Tarulli
 SIGNATURE
 X BART TARULLI
 PRINT OR TYPE NAME

ATTORNEY REGISTRATION NUMBER

Sir/Madam:

Please take notice that the within is a (certified) true copy of a

_____ duly entered in the office of the clerk of the

within named court on the _____ day of _____, 200__

Dated:

Yours, etc.

Attorney for: _____

Plaintiff/Petitioner

Defendant/Respondent

Office and Post

Office Address

To:

Attorney(s) for _____

*****NOTICE OF SETTLEMENT*****

Sir/Madam:

Please take notice that an _____

of which the within is a true copy will be presented for settlement

to the Hon. _____, one of the Justices

of the within named court at _____, on

_____, 200__ at _____ AM/PM

Dated: _____, 200__

Yours, etc

Plaintiff/Petitioner

Defendant/Respondent

To:

Attorney(s) for _____

INDEX NO. 101540-18SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORKBART J. TARULLI

Plaintiff/Petitioner

- against -

Ameriprise Financial (Inc)

Defendant/Respondent

To the best of my knowledge, information and belief,
formed after an inquiry reasonable under the circumstances,
the presentation of these papers or the contentions therein
are not frivolous as defined in subsection (c) of Section
130-1.1 of the Rules of the Chief Administrator (22NYCRR)

Sign Name: Bart J. TarulliPrint Name: BART J. TARULLIAddress: 2 Bay Club PtApt 9RBay Side N.Y. 1136Telephone: 917-742-5758

Service of a copy of the within is hereby admitted

Dated: _____, 200__

Attorney for _____

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

In the Matter of the Application of

Index Number

[fill in name(s)]

Petitioner(s)

- against -

VERIFIED PETITION

TARULL
Ameriprise Financial Services

101540-18

[fill in name(s)]

Respondent(s)

TO THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NEW YORK:

The petition of

BART S TAR

[your name] respectfully

shows to this Court as follows:

1. Petitioner resides at

2 BOZ CLUB DR, APT 9R

ROXSIDY, N.Y. 11360

[your address]

2. The respondent(s) is/are [identify the respondent(s)]

Ameriprise

FINANCIAL INC

3. [Describe what you are requesting. Add more pages if needed. If you are appealing the decision of a government agency, give the date and outcome of the final determination.

Explain why this Court should reverse that decision.]

CLAIMANT IS FILING
A MOTION TO UPDATE AWARD, FILE BY FINRA

CLAIMANT IS REQUESTING UPDATING AWARD DUE
TO ACTIONS AND BEHAVIORS THAT VIOLATE
FINRA ARBITRATION RULES & REGULATIONS

CLAIMANT IS REQUESTING UPDATING AWARD
AND TO AWARD CLAIMANT BOTH
COMPENSATION & PUNITIVE DAMAGES CONTAINED
IN SUBMISSION PAPERS

[Print in **black** ink all areas in bold letters.]SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

646-386-3600

646-386-5955

In the Matter of the Application of

Index Number

BART J. TARULLI

101540-18

[fill in name(s)]

Petitioner(s)

NOTICE OF PETITION

- against -

Ameriprise Financial Services

[fill in name(s)]

Respondent(s)

PLEASE TAKE NOTICE that upon the verified petition(s) of

BART J. TARULLI

[your name(s)], sworn to on _____, 200__

[date Verified Petition notarized], and the attached exhibits, petitioner(s) will request this Court, at 9:30 AM on the ____ day of _____, 200 __, [return date] at the Courthouse, at 60 Centre Street, New York, N. Y., in the Motion Support Courtroom, Room 130, for a judgment, pursuant to the Civil Practice Law and Rules (CPLR), granting the following relief to the petitioner(s): [briefly describe what you are asking the Court to do] _____

and for such other and further relief as this Court may deem just and proper.

Dated: _____, 200__

[date signed]

Respectfully submitted,

BART J. TARULLI
2 Bay Plaza
Apt 912
Bay Side, NY 113

Petitioner(s)

To: Respondent(s)

Ameriprise Financial Inc.
5223 Ameriprise Financial Center
Minneapolis, MN 55474
Legal Dept

[name, address, telephone number]

[your name, address, telephone number]

917-747-9798

4. Attached are copies of all relevant documents. [Attach the decision you are asking the court to reverse as Exhibit A. Attach any other documents as Exhibit B, Exhibit C, and so on. List additional Exhibits on separate page.]

Exhibit A -

Exhibit B -

Exhibit C -

Exhibit D -

Exhibit E -

5. A prior application *has not* / *has* [circle one] been made for the relief now requested. [If you made this application before in this or any other court, describe where, when, the result and why you are making it again.]

WHEREFORE, your deponent respectfully requests that this Court [briefly describe what you are requesting]:

Reve UNJUST AWARD By
FINRA AND AWARD CLAIMANT BOTH
COMPENSATORY + PUNITIVE DAMAGES

_____, 200____
[date signed]

Bart J. Farulli
Petitioner [sign your name]

BART FARULLI
[print your name]

2 Bay Club Drive
APT 9R
24781 DE NIS 1130
[your address and telephone no.]

917-747-9798

VERIFICATION

STATE OF NEW YORK

COUNTY OF Queens: ss:

BART FARULLI [your name], being duly sworn,

deposes and says that: I am the petitioner in this proceeding; I have read the foregoing petition and know the contents thereof; the same is true to my own knowledge, except as to matters therein stated to be alleged on information and belief; and as to those matters I believe it to be true.

Sworn to before me on

12 day February, 20019

[Signature]
Notary Public

Bart J. Farulli
Petitioner [sign your name in front of a Notary]
BART FARULLI
[print your name]

Craig Ian Gardy
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02GA5040751
Qualified in Suffolk County County
Commission Expires March 20, 2023

[Print in **black** ink all areas in bold letters.]SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

646-386-3600

646-386-5955

In the Matter of the Application of

Index Number

BART J. TARULLI

101540-18

[fill in name(s)]

Petitioner(s)

NOTICE OF PETITION

- against -

Ameriprise Financial Services

[fill in name(s)]

Respondent(s)

PLEASE TAKE NOTICE that upon the verified petition(s) of

BART J. TARULLI

[your name(s)], sworn to on

200

[date Verified Petition notarized], and the attached exhibits, petitioner(s) will request this Court, at 9:30 AM on the ___ day of ___, 200 ___, [return date] at the Courthouse, at 60 Centre Street, New York, N. Y., in the Motion Support Courtroom, Room 130, for a judgment, pursuant to the Civil Practice Law and Rules (CPLR), granting the following relief to the petitioner(s): [briefly describe what you are asking the Court to do]

and for such other and further relief as this Court may deem just and proper.

Dated: ___, 200__

[date signed]

Respectfully submitted,

BART J. TARULLI
2 Bay Club Ln
Apt 912
Bay Side NY 113

Petitioner(s)

To: Respondent(s)

Ameriprise Financial Inc.
5223 Ameriprise Financial Center
Minneapolis, MN 55474
Legal Dept

[name, address, telephone number]

[your name, address, telephone number]

917 747-9798

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

[fill in names(s)]

Plaintiff(s)/Petitioner(s)

- against -

[fill in names(s)]

Defendant(s)/Respondent(s)

Index Number

101540-18

AFFIDAVIT OF SERVICE
of INITIATING PAPERS.

STATE OF NEW YORK

COUNTY OF _____ ss:

I, _____, [name of person who served papers],

being duly sworn, depose and say:

I am over 18 years of age and am not a party to this case.

I reside at [your address] _____

On _____, 200____, [date of service], at _____ AM / PM [time of day], I served the

attached papers [identify papers served] _____

on the defendant in this case. The address of the place where the papers were served is [location where
papers served] _____

I served the papers in the manner indicated below: [check box that applies]:

1) ☐ Individual

By delivering a true copy of each to the defendant personally. I knew the person
served to be the person named in those papers because [How did you know
defendant?] _____

_____ [Fill out description of defendant on page 2].

2) ☐ Corporation

_____ [name of
business], a domestic corporation, by delivering a true copy of each to [Identify
person served] _____ [Fill out

description of person on page 2], who is [Identify his/her job title] _____

_____. I knew the corporation to be that listed in
the papers served and I knew the title of person named above and that he/she was
authorized to accept service.

3) ☐ Instituted

Service

By delivering a true copy of each to [Identify person served] _____
[Fill out description of person below] a
person of suitable age and discretion, at the actual place of business, dwelling house,
or usual place of abode in the state, and mailing, as indicated below.

Mailing

(Use with 3)

I also enclosed a copy of the above papers in a postpaid, sealed envelope properly
addressed to defendant's last known residence or actual place of business, located at
[address] _____
and I deposited the envelope in a post office depository under the exclusive care and
custody of the United States Postal Service within New York State.

Description

(Use with 1, 2,
or 3)

The individual I served had the following characteristics: [Check one box in each
category]:

<u>Sex</u>	<u>Height</u>	<u>Weight</u>	<u>Age</u>
<input type="checkbox"/> Male	<input type="checkbox"/> Under 5"	<input type="checkbox"/> Under 100 lbs.	<input type="checkbox"/> 21 - 34 years
<input type="checkbox"/> Female	<input type="checkbox"/> 5'0" - 5'3"	<input type="checkbox"/> 100 - 130 lbs.	<input type="checkbox"/> 35 - 50 years
	<input type="checkbox"/> 5'4" - 5'8"	<input type="checkbox"/> 131 - 160 lbs.	<input type="checkbox"/> 51 - 61 years
	<input type="checkbox"/> 5'9" - 6'0"	<input type="checkbox"/> 161 - 200 lbs.	<input type="checkbox"/> Over 61 yrs.
	<input type="checkbox"/> Over 6'	<input type="checkbox"/> Over 200 lbs.	

Color of skin [describe]: _____

Color of hair [describe]: _____

Other identifying features, if any [describe]: _____

☐ Military

Service

I asked the person to whom I spoke whether the defendant was in the military of the United
States or New York State in any capacity and was told that he/she was not. Defendant did not
wear a military uniform. I state upon information and belief that the defendant is not in the
military service of the United States or New York State. The basis for my belief is the
conversation(s) and observation(s) described above.

Sworn to before me this
_____ day of _____, 200_____

Notary Public.

[sign your name before a Notary]

[print your name]